## PART B - FEE(S) TRANSMITTAL

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John P. Shannon Merek, Blackmon 673 South Washin Alexandria, VA 22		Fee(s) Transmittal. T papers. Each addition have its own certificat	his certificate nal paper, such ate of mailing of ertificate of M this Fee(s) Tra with sufficien ail Stop ISSU PTO (571) 27: Shanno	cannot be used in as an assignme or transmission.  Iailing or Trans insmittal is bein it postage for fin E FEE address 3-2885, on the d	or domestic mailings of the for any other accompanying ent or formal drawing, must smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.  (Depositor's name)		
01 FC:1501 02 FC:1504 1400.00 OP 300.00 OP				9-28-0		VVUC	
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/622,771 TITLE OF INVENTION: M	07/21/2003 ÆTHOD OF TESTIN	G SEISMIC BRACES	Praveen K. Malhot	ra	36737	-189786	4229
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSI	UE FEE TO	ΓAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	10/11/2006
EXAMINER ART UNIT			CLASS-SUBCLASS	<b></b> .			
CHAPMAN, JEA	NETTE E	3635	. 052-167100				
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  3. ASSIGNEE NAME AND	dence address (or Char 22) attached. tion (or "Fee Address" or more recent) attache	(1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent listed, no name wil	ame of a single firm (having as a member a dattorney or agent) and the names of up to ed patent attorneys or agents. If no name is name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  FM Global Technologies, LLC  Johnston, Rhode Island  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government							
4a. The following fee(s) are submitted:    Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)   Ab. Payment of Fee(s):							
5. Change in Entity Status (  a. Applicant claims SN			☐ b. Applicant is no	longer claiming SMA	LL ENTITY s	tatus. See 37 CF	R 1.27(g)(2)
NOTE: The Issue Fee and Puinterest as shown by the reco							
Authorized Signature	And of	rannon		Date 9	-28-a	6	
Typed or printed name	John P. Sh	annon		Registration N	vo. 29,	276	
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							